

4313

910

CERTIFICATE OF DEATH

BIRTH NO.

REGISTRAR'S NO.

OF DEATH AND RESIDENCE 522	1. PLACE OF DEATH A. COUNTY <u>Pima</u>		B. LENGTH OF STAY IN THIS TOWN <u>1 1/2</u> yrs. IN ARIZONA <u>1 1/2</u> yrs.		2. USUAL RESIDENCE A. STATE <u>Arizona</u>		B. COUNTY <u>Pima</u>	
	C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS		C. CITY OR TOWN <u>Tucson</u>		<input checked="" type="checkbox"/> IN CITY LIMITS <input type="checkbox"/> OUTSIDE CITY LIMITS	
	D. FULL NAME OF HOSPITAL OR INSTITUTION <u>Tucson Medical Center</u>				E. IS RESIDENCE ON A FARM? <u>NO</u>			
	D. STREET (IF RURAL, GIVE LOCATION) ADDRESS <u>1043 E. Second</u>							
IDENT SONAL ATA 7 560	3. NAME OF DECEASED A. (FIRST) <u>Raymond</u>		B. (MIDDLE) <u>V.</u>		C. (LAST) <u>Emery</u>		4. SEX <u>Male</u>	
	5B. NAME OF SPOUSE <u>Lois Emery</u>		7. DATE OF BIRTH MONTH <u>7</u> DAY <u>15</u> YEAR <u>1882</u>		8. AGE (IN YEARS LAST BIRTHDAY) <u>77</u>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE EVEN IF RETIRED) <u>Retired, Railroad</u>	
	9B. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <u>Iowa</u>		11. CITIZEN OF WHAT COUNTRY? <u>USA</u>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) <u>No</u>	
	14A. FATHER'S NAME <u>Henry Emery</u>		14B. BIRTHPLACE (STATE OR COUNTRY) <u>Pennsylvania</u>		15A. MOTHER'S MAIDEN NAME <u>Elizabeth Campfield</u>		15B. BIRTHPLACE (STATE OR COUNTRY) <u>Unknown</u>	
31X AUSE OF EATH EM 18)	16. INFORMANT'S SIGNATURE <u>Lois K. Emery</u>				17. DATE OF DEATH (MONTH) <u>May</u> (DAY) <u>23</u> (YEAR) <u>1960</u>			
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), (C). THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTRACTED.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (A) <u>CEREBRAL VASCULAR ACCIDENT, acute, rt.</u> DUE TO (B) <u>Cerebral Arteriosclerosis</u> DUE TO (C) <u>Arteriosclerotic Heart Disease</u> II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH. <u>Coronary insufficiency</u> <u>Renal arteriolosclerosis</u>			
	19A. DATE OF OPERATION <u>May 11, 1960</u>				19B. MAJOR FINDINGS OF OPERATION <u>Benign hypertrophied prostate, suprapubic, removal bladder stones</u>			
	21. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <u>Feb. 1, 1958</u> TO <u>May 23, 1960</u> THAT I LAST SAW THE DECEASED ALIVE ON <u>May 22, 1960</u> AND THAT DEATH OCCURRED AT <u>12:10 A.M.</u> FROM THE CAUSES AND ON THE DATE STATED ABOVE.				20. INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> <u>20 years</u> <u>20 years</u> <u>3 years</u> <u>3 years</u>			
ACTIONS, TOPSY DICAL ICATION	22A. SIGNATURE <u>Heather S. Wittels, M.D.</u>		22B. ADDRESS <u>3227 E. Broadway</u>		22C. DATE SIGNED <u>5/23/60</u>			
	23A. ACCIDENT SUICIDE HOMICIDE NATURAL CAUSE (SPECIFY)		23B. PLACE OF INJURY (E.G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)		23C. (CITY OR TOWN) (COUNTY) (STATE)			
	23D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		23E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		23F. HOW DID INJURY OCCUR?			
	24A. CORONER'S SIGNATURE		24B. ADDRESS		24C. DATE SIGNED			
OVER'S ICATION VERAL ECTOR AND ISTRAR	25A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		25B. DATE <u>5-25-60</u>		25C. NAME OF CEMETERY OR CREMATORY <u>South Lawn Cemetery</u>		25D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <u>Tucson, Arizona</u>	
	26A. DATE REC. BY LOCAL REG. <u>5-24-60</u>		26B. REGIONAL SIGNATURE <u>Theresa A. Oakley</u>		27A. FUNERAL DIRECTOR'S SIGNATURE <u>Adair Funeral Home</u>		27B. ADDRESS <u>Tucson, Arizona</u>	
	28A. EMBALMER'S SIGNATURE <u>Theresa A. Oakley</u>		28B. EMBALMER'S CERT. NO. <u>260-A</u>					
	28C. EMBALMER'S SIGNATURE <u>Theresa A. Oakley</u>		28D. EMBALMER'S CERT. NO. <u>260-A</u>					